## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008555

1. Entity Name
AGUATIC ADVENTURES, INC.



## FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91456 014 \*\*\*150.00

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Marin year.	DO NOT WRITE	INTHIS	SPAC	<b>:</b> E			
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2. Principal Place of Business 3. Mailing Address							
MURRAY MARINE 7.0. Box 173							
Suite, Apt. #, etc. Suite, Apt. #,			9 0		·	OO NOT WRITE IN THIS	S SPACE
3710 U.S. HIGHWAY / 1/07 +			EY PLAZA				
City & Stat		KEY WEST			4. FEI Number	71/20	Applied For
Key 1	WEST				65-083//28 Not Applicable		
	Country 33040	Zip	Cour	NROE	5. Certificate of Sta	tus Desired 🔲	\$8.75 Additional Fee Required
<del>, , , , , , , , , , , , , , , , , , , </del>					7. Name and Addres	s of Current Register	
DO NOT WRITE				Street Address (P.O., Box Number is Not Acceptable)			
"我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个				_Street Address	(P.O. Box Number is No	ot Acceptable)	
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e a consederado un la consederado de l La consederado de la				KEY	WEST		L 33040
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
the obligat	tions of registered agant.					1100	~ <u> </u>
SIGNATURE	/1//////////////	! My				1-1X-	-05
	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registere	ed Agent signature require	d when reinstating)	DATE	
Jai	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00				9. Flection (	Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25				_ · · · · · · · · · · · · · · · · · · ·		Added to Fees	
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10.	OFFICERS AND	DIRECTORS ZETAKY	All Tables	Gard of Alberta Systems			EST DUTING CONTRACTOR
TITLE V NAME	PRESIDENT/ SECR	_, _ ,	TITE NAM	SERVICE TRANSPORT	n de de vicio en proposa de sente en casa. O desentada de la contrata da del como de la como		罗尔斯克里克斯克克斯克克斯克克斯克斯克克斯克斯克克斯克斯克克斯克克斯克克斯克克斯克克
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TITLE	VICE PRESIDENT	1		Balling Andrew Color Policy Color Angles (1994) and Angles (1994)			
NAME	WENDY L. USF	1-E.R	NAM		*		
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CITY-ST-ZIP	Key West, F	C 33040	CITY	- ST- ZIP			
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NAME			NAM	E			
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

UNS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 305.849-4004

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Daytime Phone

2E034B (12/02)